

(C) MEDICAL PROGRAMS

- Medicare-Eligible Retirees
- Medicare-Eligible Participants on LTD

	CIGNA OAP*		HIP VIP (HMO)	CIGNA OAP**	
	<u>In-Network</u>	<u>Out-of-Network</u>		<u>In-Network</u>	<u>Out-of-Network</u>
Medical Care Provider	Participating physician/facility	Any physician/facility	Participating physician/facility	Participating physician/facility	Any physician/facility
Payment of Benefits	No claim forms	Submit claim forms	No claim forms	No claim forms	Submit claim forms
Annual Deductible (Individual/Family)	N/A	\$500/\$1500	N/A	N/A	\$250/\$650
Annual Out-of-Pocket Maximum (Indiv/Family)(Excl. Deductible)	N/A	\$2500/\$7500 excluding deductible	N/A	N/A	\$1200/\$2400 excluding deductible
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Pre-Existing Condition Limit	N/A	N/A	N/A	N/A	N/A
Office Visits	Covered in full after \$20 co-pay PCP/ \$30 co-pay Specialist	80% of R&C after deductible	Covered in full for PCP (\$10 co-pay for Specialist)	Covered in full after \$10 co-pay	80% of R&C after deductible
Emergency Room (Accident/Illness)	Covered in full	<u>Emergency</u> : Covered in full <u>Non-emergency</u> : 80% of R&C after deductible	Covered in full after \$50 co-pay (waived if admitted) (Doctors/Specialists: \$10 co-pay)	Covered in full	<u>Emergency</u> : Covered in full <u>Non-emergency</u> : 80% of R&C after deductible
Inpatient Hospital (Semi-Private Room, Board, Services, Supplies) (Physician/Surgeon)	Covered in full Pre-admission certification required or \$250 penalty plus 50% reduction in benefits on any days not approved. Covered in full	Covered in full 80% of R&C after deductible	Covered in full Covered in full	Covered in full Pre-admission certification required or \$250 penalty plus 50% reduction in benefits on any days not approved. Covered in full	Covered in full 80% of R&C after deductible
Second Surgical Opinion (Office Visit)	Covered in full	100% of R&C	Covered in full	Covered in full	100% of R&C
Laboratory/X-Ray	Covered in full	80% of R&C after deductible	Covered in full	Covered in full	80% of R&C after deductible
Prescription Medication (Retail: up to 30-day supply) (Mail Order: 90-day supply)	\$10 generic/\$25 brand name formulary /\$40 brand name non-formulary*** \$20 generic/\$50 brand name formulary /\$80 brand name non-formulary***	Must use in-network pharmacy Use in-network benefit	\$5 formulary/\$45 non-formulary \$7.50 formulary/\$135 non-formulary	\$5 generic/\$10 brand (up to 30-day supply) \$10 generic/\$20 brand (up to 90-day supply)	80% of R&C after deductible Use in-network benefit

PCP = Primary Care Physician

R&C = Reasonable & Customary

*This CIGNA Open Access Plus is not available to participants who were members of the IBEW union who terminated employment between 8/1/00 and 7/31/06.

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***After \$100 per person/\$300 per family annual drug deductible

NOTE: HIP VIP HMO coverage is pending CMS approval and is subject to change.

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	<u>In-Network</u>	<u>Out-of-Network</u>		<u>In-Network</u>	<u>Out-of-Network</u>
Preventive Care (Well Woman Exam)	Covered in full after \$20 co-pay	80% of R&C after deductible	Covered in full	Covered in full	80% of R&C after deductible
(Mammogram)	Covered in full	80% of R&C after deductible	Covered in full	Covered in full	80% of R&C after deductible
(Annual Physical Exam)	Covered in full after \$20 co-pay if by PCP	Not covered	Covered in full	Covered in full after \$10 co-pay	Not covered
(Routine Eye Exam)	Not covered	Not covered	Covered in full after \$15 co-pay (optometrist:1/ year)	Not covered	Not covered
Mental Health Care (Inpatient)	Same as inpatient hospital	Same as inpatient hospital	Covered in full (maximum may apply) *	Same as inpatient hospital	Same as inpatient hospital
(Outpatient)	Covered in full after \$30 co-pay	80% of R&C after deductible	\$20 co-pay/visit *	Covered in full after \$10 co-pay/visit	80% of R&C after deductible
Substance Abuse Treatment (Inpatient Detox)	Same as inpatient hospital	Same as inpatient hospital	Covered in full (maximums may apply) *	Same as inpatient hospital	Same as inpatient hospital
(Outpatient Rehab)	Covered in full after \$30 co-pay/visit	80% of R&C after deductible	\$20 co-pay/visit *	Covered in full after \$10 co-pay/visit	80% of R&C after deductible
Alternate Care (Home Health Care)	Covered in full ------(Max: 40 visits/year combined in and out of network)-----	80% of R&C after deductible	Covered in full (Max: 200 visits/year)	Covered in full (Max: 40 visits/year combined in and out of network)	80% of R&C after deductible
(Skilled Nursing Facility) Non-Custodial	Same as inpatient hospital ------(Max: 60 days/year combined in and out of network)-----	Same as inpatient hospital	Covered in full days 1-20 \$25 co-pay days 21-100 Max: 100 days per benefit period	Same as inpatient hospital (Max: 60 days/year combined in and out of network)	Same as inpatient hospital
(Outpatient Short-Term Rehab: Physical Therapy)	Covered in full after \$30 co-pay	80% of R&C after deductible	Covered in full after \$10 co-pay (Max: 90 visits/year)	Covered in full after \$10 co-pay	80% of R&C after deductible
Durable Medical Equipment	Covered in full	80% of R&C after deductible	Covered in full	Covered in full	80% of R&C after deductible
External Prosthetic Devices	Covered in full	80% of R&C after deductible	Covered in full	Covered in full	80% of R&C after deductible
Hearing Aids	Covered in full ------(Max: \$2000/1095 days in and out of network)-----	80% of R&C after deductible	1 hearing aid from a select group or \$500 credit toward purchase every 36 months	Covered in full ------(Max: \$2000/1095 days in and out of network)----	80% of R&C after deductible

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*Based on medical necessity up to Medicare limit.

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